Effective December 8, 2034 09/653.53												507	
Γ		CLAIMS		SMALL			OTHE	A THAN					
TOTAL CLAIMS			(COR	(Column 1)		(Column 2)		TYPE		OF	SMALL	LENTITY	
								RATE	FEE	_	RATE	FEE	
FOR			MAKE	MUMBER FILED		NUMBER EXTRA		BASIC FI	± 3752	<u> </u>	BASIC FE	19000	
ľ	OTAL CHARGE		minus 20=		•		X\$ 25:		OF	X\$50=			
⊢	DEPENDENT		minus 3 =			ŀ	X100=		OF	X200-			
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT] .	+180=		OR	+360=		
•1	f the difference	e in column 1	is less than	less than zero, enter "0" in column 2			1	TOTAL	1	ОЯ	TOTAL		
<u> </u>	CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
7	1000	(Column 1)		· (Colum	ST ER USLY	(Column 3) PRESENT EXTRA	4 e	JAMUL		3 T	PATE		
ENTA		REMAINING AFTER AMENDMENT		PREVIO PALD F				RATE	ADDI- TIONAL FEE	1		ADDI- TIONAL FEE	
MENDMENT	Total	21	Minus	1.6	3/	- /		X\$ 25=	1	OR	X\$50=	/	
ME	independent	FATATION OF A	Minus II n TIDL S D	C	5	-/	ŀſ	X100=	17.	OR	X200=	7	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=	V	OR	+360=	7	
8/10/05					•		L	TOTAL		OR	TOTAL	 	
	دمامااه	(Column 1)		(Colum	n 21	(Column 3)	A	DOIT. FEE		J ~	addit, fee	-	
MENDMENTB		CLAINS	1	HOGHE	57		IF		ADDI-	1		.ADDI-	
		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 21	Minus	- 31		· Ø		XS 25=	78	ОЯ	X\$50=		
	Independent	· 4	Minus	5		· Ø		X100=		ОЯ	X200=		
i	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+360-		
	2/38/86							TOTAL		OR ,	TOTAL VOOIT, FEE		
ADOIT, FEE													
,		CLAIMS	I	HIGHES	ī				ADDI-	ſ		ADDI-	
		AFTER.		PREVIOUS PAID FO	LY	PRESENT EXTRA	1		TIONAL FEE		RATE ·	TIONAL	
	l'otal	-21	Minus	-21	$\overline{}$	•	X	\$ 25=		OR	X\$50=		
		4	Minus	2		8	T	100=		- t)(200±		
	FIRST PRESE	JUTIPLE DE	PENDENT C	AM					OR				
	he entry in ant-	n 1 le leve ther th	Ŀ	180=		OR	+360=						
* If the entry in column 1 is leas then the entry in column 2, write "O' in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
Th	regnesi Numb • "Kighest Numb •	iber Proviously Paic or Proviously Paic	up ror EN THI t For (Total o	S SPACE is le independent)	at gue p	3, enter "3." Spheet number:			opriate box				

FORM PTO-875 IRes. 100